

**Breast and Cervical Cancer  
Screening Program  
Data Collection and Reporting Process**

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## PROGRAM OVERVIEW

In 1990, legislation (KRS 214.554) established the Kentucky Women's Cancer Screening Program (KWCSF) in the Department for Public Health. The KWCSF provides breast and cervical cancer screenings, diagnostic follow-up services and case management utilizing federal grant monies from the National Breast and Cervical Early Detection Program (NBCCEDP) as well as state and local funds.

### Program Components:

1. Program Management-Fiscal monitoring; coordination of overall grant activities including program evaluation; training and technical assistance to LHDs related to program management and fiscal monitoring; and adherence to state and federal administrative and clinical reporting requirements.
2. Clinical-Case management/follow-up for patients with abnormal test results; quality assurance through site visits with chart reviews; and trainings for LHD Registered Nurses on cancer screening visits and women's health updates.
3. Data Management-Assurance of data quality and the timely, complete and accurate data submission of data to CDC; collects and processes data from all LHDs; conducts overall program evaluation; and provides training and technical assistance to LHDs related to data, surveillance, and evaluation; and tracks the Department for Medicaid Services' Breast and Cervical Cancer Treatment Program (BCCTP) enrollment.
4. Public Education and Recruitment (Outreach and Coalitions/Partnerships)-efforts focused to increase the number of women among priority populations who use breast and cervical cancer screening services by raising awareness, promoting screenings, and educating women on screening frequency guidelines.

An informational booklet is available to providers called the "Quick Reference Guide for Health Care Providers". This booklet is also known as the "Purple Book". This guide to breast and cervical cancer screening and treatment for low income women was developed by the Kentucky Cancer Program for the Department of Public Health. In the past, providers may have offered cancer screenings to their uninsured patients even if they were unable to pay. This program offers providers the assurance that their patients will get the cancer screening and treatment they need without expense to the provider.

The Breast and Cervical Cancer Treatment Program (BCCTP) began in October of 2002, for eligible women screened through the KWCSF and found to need treatment for breast or cervical cancer. The BCCTP also covers precancerous conditions of the breast or cervix. The BCCTP is administered through local health departments and the Kentucky Department for Medicaid Services. It is important to note that women must be screened through the Kentucky Women's Cancer Screening Program to be eligible for this program. Additional information is outlined in the ["Quick Reference Guide for Health Care Providers" \(Purple Book\)](http://chfs.ky.gov/dph/info/dwh/cancerscreening.htm) on the website <http://chfs.ky.gov/dph/info/dwh/cancerscreening.htm>.

## **REQUIRED DATA COLLECTION FOR THE KWCSF**

The KWCSF has both state and federal funds to reimburse for cancer screening and follow-up services for income eligible women ages 21-64, without a third party payer source. Federal funds are made available through a competitive grant from the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) managed by the Centers for Disease Control and Prevention (CDC). To meet the grant requirements and assure LHDs are reimbursed for screenings and diagnostics, specific tracking information must be obtained throughout the patient's cancer screening cycle. The patient's cancer screening cycle begins on the day of the initial or annual screening and ends when the patient is determined to either be free of cancer or if cancer is diagnosed when staging is determined and treatment is started.

## **INTRODUCTION**

The following information is provided to assist the nurses and support staff responsible for completing and entering the patient encounter form (PEF), the Kentucky Women's Cancer Screening Program (KWCSF) Data Collection form.

## **DATA COLLECTION PROCESS**

In order to obtain federal funding, the following data collection process must be completed on all women who receive a CBE, mammogram, Pap test or any diagnostic test. Data must be collected and entered on three screens: the Patient Registration Screen(s), the Results Pending Screen (PERS), and the Kentucky Women's Cancer Screening Program Data Collection Screen. A hard copy form, the ACH-58, titled "Kentucky Women's Cancer Screening Program Data Collection Form," should be completed for all women ages 40–64 years old, who have no insurance (no Medicaid, no Medicare, and no private insurance) and have a household income less than 250% of the federal poverty guidelines. The form will be used to collect screening data, mammogram and Pap test results, and abnormal follow-up data.

Support staff must collect and enter patient demographic information in the patient registration screen(s). Program eligibility is calculated automatically by the system, not by staff. The Patient Services Reporting System (PSRS) program will apply KWCSF eligibility requirements for women who are ages 40–64, have a household income below 250% of the federal poverty guidelines, and do not have insurance (including no Medicaid, no Medicare, and no private insurance.)

The system generates a label (C) to be placed on the ACH-58 and sends a status line message to place ACH-58 form on the chart. Support staff adds a label to the ACH-58, place the ACH-58 on the patient chart, and send it with the patient when the patient sees the provider (Nurse, ARNP or Physician.) The Nurse will then complete the data on the Screening Sections of the ACH-58. After the nurse completes the Screening Sections of the ACH-58, the ACH-58 will be sent with the patient's PEF to support staff. The support staff will also enter the ACH-58 data into the Kentucky Women's Cancer Screening Program Data Collection Screen.

For KWCSP eligible women receiving cancer visit services, one or more of the following secondary ICD codes or CPT codes must be coded on the patient encounter form (PEF) in order for the Patient Services Reporting System (PSRS) to create the Kentucky Women's Cancer Screening Program Data Collection Screen:

- 88164 Conventional Pap test
- 88142 Liquid based Pap test
- V76.19 Normal CBE
- 611.71, 611.72, 611.79 Abnormal CBE
- V64.3, V64.2- CBE Not Needed

\*MDE=Minimum Data Elements are data elements required by CDC for determination of federal funding awards for the National Breast and Cervical Cancer Early Detection Program.

If the patient's Reason for Visit code is not 813, the KWCSP Data Collection screen will not be created. Once the patient registration screen is open, the Reason for Visit Code can be changed and the KWCSP Data Collection screen will be created.

Whenever a procedure or visit for one cancer screening cycle is entered in the PEF, the Kentucky Women's Cancer Screening Program KWCSP Data Collection Screen will open.

Results of screening mammograms can be entered on the KWCSP Data Collection Screen upon receipt of the ACH-16 and after the nurse assures the information on the ACH-16 agrees with the mammography report. It is no longer necessary to wait until receipt of a bill before entering the screening mammography results, since the results can be entered directly into the KWCSP Data Collection Screen. However, when the bill for the mammogram is received, the billing encounter information must still be entered into PSRS and also continue to enter results of diagnostic mammography tests in the PSRS.

Results of Pap tests and the date of the procedures will continue to be entered in the Results Pending Screen. The results of Pap procedures and the dates of the procedures will be extracted from the PEF to the KWCSP Data Collection Screen; therefore, support staff will not need to enter Pap test results and procedure dates for Pap tests on the Kentucky Women's Cancer Screening Program Data Collection Screen. In addition, all follow-up visits and procedures that are entered on the PEF will be extracted to the Kentucky Women's Cancer Screening Program Data Collection Screen in the Breast and Cervical Diagnostic Procedures fields and will not need to be entered on the Kentucky Women's Cancer Screening Program Data Collection Screen by the support staff.

## **Audit Reports**

The Breast Diagnostics/Follow-up Information and the Cervical Diagnostic/Follow-up Information in the Abnormal Follow-up Section of the Kentucky Women's Cancer Screening Program Data Collection Form will be completed by the nurse or Nurse Case Manager. Support staff will electronically enter the information in the Abnormal Follow-up Section of the Kentucky Women's Cancer Screening Program Data Collection Screen. It will be necessary for Nurse Case Managers to use audit trails to identify patient records with incomplete data on the Kentucky Women's Cancer Screening Program Data Collection Screen. The following 5 audit reports must be used:

323 Pap Log  
676 Mam Log  
1706 Pending breast diagnostic data  
1707 Pending cervical diagnostic data  
1709 Missing screening data

These audit reports will be used to apply a proactive quality assurance process at the local health department level to identify records with incomplete screens and to supply the missing data. The nurse and Nurse Case Manager will use the audit trails to assure local health department follow-up for patients who have abnormal breast and cervical cancer screening results.

The system will also allow support staff to open the Kentucky Women's Cancer Screening Program Data Collection Screen in order to edit information on the screen. The form can be printed from the website for the LHDs at <http://chfs.ky.gov/dph/> with the appropriate LHD's User ID and password.

Whenever the computer displays a data collection screen always "transmit" in order to save the information before clearing the screen. To do this:

- Position the cursor in the box located in the bottom-right corner of the screen and "transmit". If all data has been properly entered, the screen will erase the data automatically and the words "screen processed" will appear in the bottom-left corner of the screen. If the screen does not erase automatically, then consult the "error-message" in the bottom-left corner of the screen and correct the identified errors.
- Note that errors will be identified one at a time from the beginning of the record (similar to the WIC data-entry program). Once the data collection screen is successfully transmitted, the information is saved in PSRS and the system automatically creates a menu of records for that patient.

The KWCScreen Data Collection Screen contains two main edits:

1. One edit requires completion of all data items in the Screening Section
2. The second edit requires completion of all data items in the Abnormal Follow-up Section.

The Breast Cancer Abnormal Follow-up Section and Cervical Cancer Abnormal Follow-up Section will only be completed when the appropriate abnormal results codes have been entered in the KWCScreen Data Collection screen.

## **KENTUCKY WOMEN'S CANCER SCREENING CASE MANAGEMENT FORM (ACH-58)**

The other side of the ACH-58 (the back of the form) was designed to assist the nurse case manager in required tracking and follow-up on all women with an abnormal CBE, mammogram, or Pap result. (See Forms Section of the PHPR).

- Completion of the form is recommended but not required on all women regardless of age that have had an abnormal CBE, Pap, or Mam results. The nurse case manager is responsible for completing the information on the form including the status of workup and final diagnosis at the appropriate time.
- Support staff does not electronically enter data on this form.

## **KWCSP Minimum Data Elements Descriptions**

In January 2009, KWCSP released MDE manual Version 2.0. The purpose of this data manual is to centralize the information needed to collect MDE data for the Program. The intended audience for this MDE data manual is the program staff in local health departments (LHD) in Kentucky responsible for the collection and aggregation of MDEs. This data manual provides a detailed description of sixty two (62) data elements collected through the Program's data collection form, commonly referred to as "ACH-58" form and on the Program data collection screen commonly referred to as the "cancer screen". This manual does not replace the Program's Administrative Reference (AR) and Public Health Practice Reference (PHPR) sections, but supplements them. This manual is a work in progress. We will continue to update this manual based on recommendations from CDC, program stakeholders and from our data analysis. All updates will be forwarded to LHDs before updating this manual. We welcome your suggestions and comments about the contents of this manual. Manual may be accessed at [Minimum Data Elements Collection Manual](http://chfs.ky.gov/dph/info/dwh/cancerscreening.htm) on the website <http://chfs.ky.gov/dph/info/dwh/cancerscreening.htm>.

This Program defines the data elements collected on the ACH-58 form/"Cancer Screen" as the Minimum Data Elements (MDE). The Program collects MDE data from all 120 LHDs in Kentucky. This data is transmitted through the Cancer Screen to the Kentucky Department for Public Health data management vendor, Custom Data Processing Inc. (CDP) to the Program. Additionally, CDP also includes patient demographic characteristics and information on the LHDs that have provided these MDE records in a standardized format to the Program. The Program receives MDE data file from CDP every month. Based on this data, the Program develops key reports and shares them with the Quality Assurance Committee (QASC) members, CDP, and other stakeholders. LHDs are contacted for any outstanding and pending records or to address any inconsistencies in the MDE data.

MDE data should be collected only on women who are 40 to 64 years of age, whose income level is below 250% of the annual federal poverty guidelines and who have no Medicare, Medicaid or any private health insurance. The Program collects the MDE data electronically from all LHDs in Kentucky through the "cancer screen". This information should be entered into the Patient Services Reporting System (PSRS) from the ACH-58 form by the support staff, after a nurse completes the form.

The purpose of collection of MDE data is to:

1. Assure high quality services for women screened by the Program;
2. Manage the Program efficiently and effectively;
3. Prepare reports to the Kentucky State Legislatures and other Program stakeholders; and
4. Secure necessary funding from CDC for implementing the Program.

## MENU OF A PATIENT'S RECORDS

Once the data is saved in PSRS the system automatically creates a menu of records for that patient. Use the following steps to view the client record menu:

- PERL<space>30<space><Hid/Loc/S><space><Patient ID or SSN><XMIT>
- Select the record to be viewed by placing an "X" in the box to the left of the entry then "transmit". (The screen will be retrieved with the fields filled-in.)

Typically, diagnostic follow-up data will be entered into the Kentucky Women's Cancer Screening Program Data Collection Screen by:

- Entering a PEF with the CPT code for the diagnostic service.
- Recalling the previously created Kentucky Women's Cancer Screening Program Data Collection Screen using the PERL command & entering the information manually.

However, if a Kentucky Women's Cancer Screening Program Data Collection Screen cannot be created using one of the three methods described above, then the following "special command" may be used to create one if a visit screen already exists for the patient.

The following command can be entered to generate the KWCSF Data Collection Screen for updating and editing the data:

PERK<space>30<space><Hid/Loc/S><space><Patient ID or SSN><space><date><XMIT>

Enter the date in the format MMDDYYYY.

When retrieving a record, the action field ("Act") automatically fills with "C" to indicate that the system is ready to receive changes in the existing record. This "C" should remain in the field unless a record must be deleted. Enter "D" in the action field and "transmit" to delete a record. When you need to just make a change or correction in an existing record, access the screens using the PERL command.



# **RADIOLOGIC SERVICES**

## **Including Mammography Provider Requirements**

Radiologic Services must be purchased/rendered in accordance with the following guidelines:

### **Mammography X-Rays**

- Mammography X-rays shall be performed by skilled radiologic technologists who are certified by the American Registry of Radiologic Technologists and are Kentucky State Certified General Certificate Radiographers. The films shall be interpreted by a qualified radiologist who is certified by the [American Board of Radiology](#) or the [American Osteopathic Board of Radiology](#).
- Two views of each breast shall be taken with an average radiation exposure at the current recommended level as set forth in the guidelines of the [American College of Radiology](#).
- Facilities performing mammograms shall be accredited by the [American College of Radiology Oncology Accreditation Program](#) and certified by the federal [Food and Drug Administration](#) (FDA).
- The report of the mammogram reading must indicate the name and address of the facility where the X-rays are stored so that the woman and the local health department know where the mammogram films are should they be needed at another location for consultation/referral studies.
- All contracts for mammography services must: 1) Meet the above requirements; and 2) Include the "Mammography Provider Requirements" (below in this section.)

### **Chest X- Rays**

For chest X-rays, technicians shall be certified by the [American Board of Radiology](#), the [American Osteopathic Board of Radiology](#), or shall have a limited state certificate issued by the [Radiation Control Office](#) within the Department for Public Health.

### **Other Radiological Services**

Other radiological services (e.g. ultrasounds, etc.) shall be purchased only from licensed facilities/providers.



## MAMMOGRAPHY PROVIDER REQUIREMENTS

1. The Health department will screen patients for eligibility. To be eligible for the KWCSF program a woman must be between the ages of 21-64, have a household income below 250% of the federal poverty guidelines, and no health insurance (No Medicare, No Medicaid, and no private insurance). The Health department will authorize which patients are to receive screening mammograms under this program.
2. Local Health Department will contract with providers in communities to perform mammograms. Providers shall be accredited by the American College of Radiology Accreditation Program and certified by the federal Food and Drug Administration (FDA).
3. The contractor will provide a list of radiologists providing mammogram interpretation to the Health department and attach to the provider contract. Updating this list (additions or deletions) will be the responsibility of the Contractor.
4. Each radiologist responsible for interpretation of results should maintain records of current continuing education in the field of mammography.
5. Interpretation of mammogram and ultrasound results will be recorded on the ACH-16 form, which must be completed, signed and submitted by the health department. Results must be recorded as a single category on the ACH-16 form based on the following categories. (Results of subsequent tests, e.g. additional views, ultrasound, etc. shall be reported separately from the mammogram results.)
  - 0 Assessment Incomplete - need additional imaging.
  - 1 Negative.
  - 2 Benign Finding.
  - 3 Probably Benign - short interval follow-up indicated.
  - 4 Suspicious Abnormality - biopsy should be considered.
  - 5 Highly Suggestive of Malignancy - appropriate action should be taken.
  - 6 Known Biopsy – Proven Malignancy—Appropriate Action Should Be Taken
6. Payment for a screening or a diagnostic mammogram will be made only if specifically ordered by the Health department on the completed and signed ACH-16 form. The Bi-Rads on the ACH-16 form must match the narrative report before payment will be issued.
7. It is expected that the percentage of recall indicating need for further diagnostic workup be no more than the national average (less than or equal to 10%).
8. The report of the mammogram reading must indicate the name and address of the facility where the x-rays are stored so that the woman and the local health department know where the mammogram films are should they be needed at another location for consultation/referral studies.
9. The contractor shall bill for services directly to the LHD for self pay patients, uninsured or underinsured\*\*. The patient shall not be billed by the contracted provider.

*\*\*Underinsured: Inability to pay shall not be a barrier for services. For patients < 250% federal poverty level, if insurance coverage includes high deductible or percent of pay and is a barrier for the patient, the patient fee shall be based on the federal sliding fee schedule for self pay.*